

Only employees whose payroll system is not integrated with the ND Office of Management & Budget Central Payroll System need to complete the Authorization for Direct Deposit of FlexComp Reimbursements form SFN 53852.



AUTHORIZATION FOR DIRECT DEPOSIT OF FLEXCOMP REIMBURSEMENTS

NORTH DAKOTA PUBLIC EMPLOYEES RETIREMENT SYSTEM

SFN 53852 (09-05)

NDPERS • 400 East Broadway, Suite 505 • PO Box 1657 • Bismarck • ND • 58502-1657

(701) 328-3900 or (800) 803-7377 • Fax: (701) 328-3920

PART A PARTICIPANT INFORMATION (Must Be Completed By Employee)

Employee Name (Last, First, MI)	Employee ID Number (Required)	Social Security Number (Required)	
Employee Street Address	City	State	Zip Code + 4
Department Name	Department Number	Department Telephone Number	

I authorize the North Dakota Public Employees Retirement System (NDPERS) and the financial institution named on this form to initiate electronic fund transfer (EFT) of my FlexComp reimbursements to my account indicated below. I consent to the financial institution sharing my customer information with NDPERS for the purpose of completing the EFT arrangement.

☐ Checking Account Number: _____

☐ Savings Account Number: _____

I have read the information in its entirety, including the back page and I agree to the terms listed on this authorization.

This authorization will remain in effect until I notify NDPERS in writing to cancel it in such time as to afford NDPERS a reasonable opportunity to act on it.

Signature of Participant

Date Signed

PLEASE TAPE YOUR VOIDED CHECK HERE.

**Your check must have your account number pre-printed
by your financial institution.**

PART B NDPERS USE ONLY

Effective Date:

ORIGINAL TO NDPERS – PLEASE MAKE A PHOTOCOPY FOR YOUR RECORDS

AUTHORIZATION FOR DIRECT DEPOSIT OF FLEXCOMP REIMBURSEMENTS

SFN 53852 (09-05) Page 2

INSTRUCTIONS AND CONDITIONS

IMPORTANT NOTICE - This form is to be used only if you are employed by a participating employer whose payroll system is not integrated with the ND Office of Management and Budget (OMB) payroll system.

If you wish to have your FlexComp reimbursements sent to your financial institution for deposit into your bank account, you must complete this form to authorize this action. The North Dakota Public Employees Retirement System will forward these payments to the point you authorize. The financial institution may be any bank, savings bank, savings and loan association or similar institution, or Federal or State chartered credit union.

**THIS FORM ONLY AUTHORIZES DEPOSITS INTO YOUR ACCOUNT.
IT DOES NOT AUTHORIZE WITHDRAWALS FROM YOUR ACCOUNT.**

PART A PARTICIPANT INFORMATION

Print name. Your social security number is required. NDPERS will issue an Employee Identification Number upon receipt of this form and your FlexComp Enrollment form.

Print complete address including zip code

Print your department name, number, and telephone number.

Check the type of account and print account number for the account in which this payment is to be deposited

Sign and date the form

Attached your voided check.

CANCELLATION INSTRUCTIONS

When entered in your record with the North Dakota Public Employees Retirement System, this authorization will remain in effect until canceled by written notice by you to the North Dakota Public Employees Retirement System. The financial institution should also be notified if you cancel this agreement.

The financial institution may cancel their agreement by providing you a written notice 30 days in advance of the cancellation date. You must advise the North Dakota Public Employees Retirement System if this authorization is canceled. The financial institution cannot cancel this authorization by advice to the North Dakota Public Employees Retirement System.